



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the
Secretary of State

Barbara Cegavske

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Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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JStokes

2/3/2016

2536

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☒ New Registration ☒ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Other:
Previous Name of PAC

Name of Committee:
Nevadans for Affordable, Clean Energy Choices

Telephone:
7758824002

Mailing Address:

401 S. Curry Street
Street Name, Number

Carson City
City

NV 89703
State Zip Code

PAC Active Email Address: matt@g3nv.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To support legislation enabling consumers to choose the provider of their electric energy, including the ability to choose affordable clean energy options, and all other lawful purposes.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Tia Dietz

Telephone:
7758824002

Physical Address:

401 S. Curry Street
Street Name, Number

Carson City
City

NV 89703
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Tia Dietz
Signature of Registered Agent

Date:
2/3/16



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Matt Griffin

Mailing Address:

401 S. Curry Street

Street Name, Number

Carson City

City

Telephone:

7758824002

NV 89703

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X

Signature of Representative of Group

Printed Name:

Matt Griffin

Date:

2/3/16

Telephone:

7758824002